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TO: Roy P. Issac - United States Patent and Trademark Office

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FROM: Pam Lolli (Typed or printed name of person signing Certificate)

Fax No. 513-626-1355

Phone No. 513-626-1673

Application No.: 10/814,759

Inventor(s): Donald Lynn Bissett et al.

Filed: March 31, 2004

Docket No.: 8482D

Confirmation No.: 7736

FACSIMILE TRANSMITTAL SHEET AND
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- 2) Extension of Time
- 3) Amendment - 7 pages
- 4)
- 5)

Number of Pages Including this Page: 10

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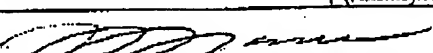
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P.02/10

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2006 Patent fees are subject to annual revision. Effective December 8, 2004	Complete if Known	
	Application Number	10/841,759
	Confirmation Number	7736
	Filing Date	March 31, 2004
	First Named Inventor	Donald Lynn Bissett et al.
	Examiner Name	Roy P. Issac
	Art Unit	1623
TOTAL AMOUNT OF PAYMENT (\$) 120		Docket No. 8482D

METHOD OF PAYMENT		FEE CALCULATION (continued)																															
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input checked="" type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other:	<input type="checkbox"/>
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FEE CALCULATION 2. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nonprovisional (\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Utility</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Design (\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue (\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		FILING FEE	SEARCH FEE	EXAMINATION FEE	Fee Paid	Application Type				Nonprovisional (\$300)	(\$500)	(\$200)	(Total = \$1000) <input type="checkbox"/>	Utility				Design (\$200)	(\$100)	(\$130)	(Total = \$430) <input type="checkbox"/>	Reissue (\$300)	(\$500)	(\$600)	(Total = \$1400) <input type="checkbox"/>	Provisional Utility filing fee		(Total = \$200) <input type="checkbox"/>		3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$) <input type="checkbox"/>			
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4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims [13] - 20** = [0] x</td> <td>[50]</td> <td>= [0]</td> <td></td> </tr> <tr> <td>Independent Claims [1] - 3** = [0] x</td> <td>[200]</td> <td>= [0]</td> <td></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td>[360]</td> <td>= [0]</td> <td></td> </tr> </tbody> </table> ** or number previously paid, if greater. For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$) <input type="checkbox"/>			Extra Claims	Fee from Below	Fee Paid	Total Claims [13] - 20** = [0] x	[50]	= [0]		Independent Claims [1] - 3** = [0] x	[200]	= [0]		Multiple Dependent claims:	[360]	= [0]		SUBTOTAL (5) (\$) <input type="checkbox"/>															
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Juliet A. Jones	Registration No.	54,202
		(Attorney/Agent)	
Signature		Telephone	(513) 626-2127
		Date	March 22, 2007

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